

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90718 047 \*\*\*158.75

DOCUMENT # P99000079974

1: Entity Name

THERAPEUTIX REHAB & EQUIPMENT  
SERVICES INC,



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1111 NW 25<sup>th</sup> AVE,

3. Mailing Address

P.O. Box 771028

Suite, Apt. #, etc.

SUITE 201,

Suite, Apt. #, etc.

City & State

OCALA, FL.

City & State

OCALA, FL.

Zip

34470

Country

USA.

Zip

34477

Country

USA

4. FEI Number

59-2999866

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

RIC KNOX

Street Address (P.O. Box Number is Not Acceptable)

1111 NW 25<sup>th</sup> AVE,

Suite 201

City

OCALA,

**FL**

Zip Code

34470

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ric Knox

P/V/T/S

4-29-03

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P/V/T/S  
RIC KNOX  
1111 NW 25<sup>th</sup> AVE,  
OCALA FL. 34470.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ric Knox P/V/T/S.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

352-629-9007

Daytime Phone #

CR2E034B (12/02)